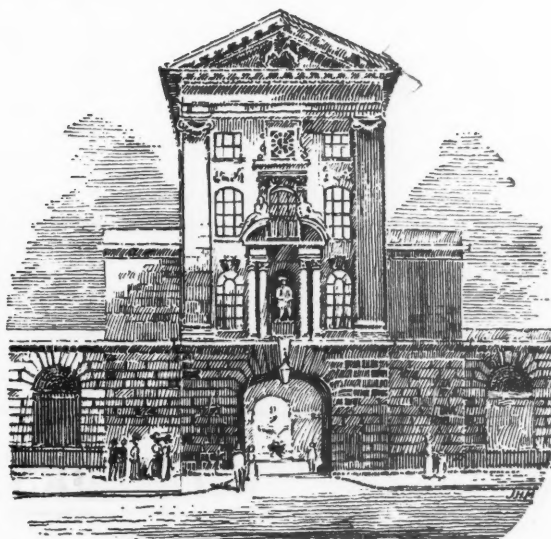


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ST BARTHOLOMEW'S HOSPITAL JOURNAL



Medical Lib

VOL. XXXVII.—No. 4.

JANUARY, 1930.

[PRICE NINEPENCE.]

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"Æquam memento rebus in arduis
Servare mentem."
—Horace, Book ii, Ode iii.

JOURNAL.

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JANUARY 1ST, 1930.

PRICE NINEPENCE.

CALENDAR.

- Fri., Jan. 3.—Dr. Langdon Brown and Mr. Harold Wilson on duty.
- Sat., „ 4.—Rugby Match v. Harlequins. Home.
Hockey Match v. Shoeburyness Garrison. Away.
- Tues., „ 7.—Prof. Fraser and Prof. Gask on duty.
- Fri., „ 10.—Sir Percival Hartley and Sir Holburt Waring on duty.
- Sat., „ 11.—Rugby Match v. Old Haileyburians. Home.
Association Match v. Old Wykehamists. Home.
Hockey Match v. Old Uppinghamians. Home.
- Mon., „ 13.—Special Subject: Clinical Lecture by Dr. Cumberbatch.
- Tues., „ 14.—Sir Thomas Horder and Mr. L. Bathe Rawling on duty.
- Fri., „ 17.—Dr. Langdon Brown and Sir Charles Gordon-Watson on duty.
Medicine: Clinical Lecture by Dr. Langdon Brown.
- Sat., „ 18.—Rugby Match v. Gloucester. Away.
Association Match v. Old Westminsters. Home.
Hockey Match v. University of Reading. Away.
- Mon., „ 20.—Special Subject: Clinical Lecture by Mr. Elmslie.
- Last day for receiving matter for the
February issue of the Journal.**
- Tues., „ 21.—Dr. C. M. Hinds Howell (acting) and Mr. Harold Wilson on duty.
- Thurs., „ 23.—**Abernethian Society: Clinical Evening at 5.30 p.m.**
- Fri., „ 24.—Prof. Fraser and Prof. Gask on duty.
Medicine: Clinical Lecture by Dr. Langdon Brown.
- Sat., „ 25.—Rugby Match v. Pontypool. Home.
Association Match v. St. John's College, Cambridge. Away.
Hockey Match v. St. Albans. Away.
- Mon., „ 27.—Special Subject: Clinical Lecture by Mr. Rose.
- Tues., „ 28.—Sir Percival Hartley and Sir Holburt Waring on duty.
- Fri., „ 31.—Sir Thomas Horder and Mr. L. Bathe Rawling on duty.

EDITORIAL.

THE PRINCE'S VISIT.

ON Wednesday, December 4th, at 4.45 p.m., H.R.H. The Prince of Wales visited the Hospital to inaugurate the Reconstruction Appeal. We reprint elsewhere a report at length of the speeches and addresses with which the occasion was graced. Nevertheless nothing, not even the Prince's sincerity, the Lord Mayor's optimism, the Arch-deacon's fervour, nor the dramatic lighting of the beacon light, was so impressive as the scene from the windows of the Great Hall, while the procession crossed the Square through the living hedge of nurses and students, in the white light of the photographers' flares, and to the resounding music of the cheering. At this moment the occasion touched reality, the reality of Bart's loyalty to its President, its appreciation of his visit, and its faith in the virtue of his example.

Through the glare of publicity that "press stunts" and advertisements have directed upon the Hospital, it is difficult to visualize the reality that has called it forth. We imagine that the Hospital, dipping her hand into coffers which have served her for eight hundred years, can never find an end to her resources. We forget that, with the increasing value of her possessions, demands grow ever more urgent. A larger population, wider fields of treatment, more expensive apparatus, accommodation for the new sciences which have grown up under the shield of Minerva Medica, have made the situation so grave, that in accordance with the procedure proper to medicine puzzled, the Hospital has been put into the hands of the specialists—of men whose business is to collect money. Whatever hard work and ingenuity can do to unloose charity is being done; and we cannot but congratulate the authorities upon their choice.

In November we published a *précis* of the plans for which the money was required. They are not luxuries; they are necessities. Each of us must play his part in helping to see that these plans can be carried out. The organizers have sent an appeal to Bart.'s men from which we quote: "We need all the help of all Bart.'s men. For good or for ill the appeal is launched. Given the goodwill, the support, and the courage needed to stay the full course, there is little fear as to the results. Let us hope that Bart.'s may not find any serious difficulties in getting all she needs."

* * *

DR. H. MORLEY FLETCHER.

With very real regret we have to record the retirement of Dr. Morley Fletcher from the Visiting Staff of the Hospital. His private patients will have the benefit of his increased leisure, but for St. Bartholomew's there is no consolation.

A correspondent writes: To his colleagues and juniors it must seem almost incredible that a man so obviously in the prime of life can have reached retiring age. It has long been a charming paradox at Bart.'s that our Senior Physician has appeared to be one of the younger men about the place, yet we are told that Dr. Fletcher has been on the Staff of the Hospital in some capacity for nearly forty years: the uninitiated would be justified in assuming that he began as an *enfant prodige*!

We may console ourselves in knowing that Bart.'s is not really to lose him; he merely ascends now to what is really the highest position a hospital can offer—its Consulting Staff. We hope and believe that he will continue to give us the benefit of his advice and experience at Medical Consultations, and that the Hospital will gain a most active Consulting Physician.

Dr. Fletcher's interests in the work of Bart.'s have been, and are, so many that it is impossible even to enumerate them here. He has been Chairman of the Medical Council, Vice-President and Treasurer of the College, and Chairman of the Reconstruction Committee, to mention but a few of them. Recently he has been a member of the Building Committee, and so has played his part in launching the Bart.'s of the future.

His interest in sport is proverbial. He has been President of the Athletic Club for many years, and of the Hockey Club since its foundation; certainly nobody has had a more active share in promoting the games of the Hospital.

He will be sorely missed from our Visiting Staff, but he carries with him into his retirement the sincere good wishes of hundreds of past and present students who have enjoyed the privilege of working with and under him.

PRESENTATION TO MR. ECCLES.

It must have been felt on all sides that the retirement of Mr. McAdam Eccles from the Chairmanship of the Publication Committee after twenty-five years demanded some more tangible acknowledgment than a printed expression of regret. Such, at least, was the opinion of the Publication Committee and of those editors of the JOURNAL who served under Mr. Eccles' chairmanship. A silver clock has accordingly been sent to him, in the hope that it will bring him pleasant memories when he looks at it, and with this inscription: "W. McAdam Eccles from the Publication Committee and the Editors of 'St. Bartholomew's Hospital Journal,' 1904-1929."

* * *

Prof. J. Barcroft is to deliver the Mid-Sessional Address before the Abernethian Society on Thursday, February 6th, at 8.30 p.m. For title he has taken a quotation from Claude Bernard—"La fixité du milieu intérieur est la condition de la vie."

* * *

The Forty-Ninth Annual Dinner of the Cambridge Graduates' Club was held at the May Fair Hotel on Wednesday, November 20th, and met with its accustomed success. Dr. H. Morley Fletcher, who presided, delivered his "Swan Song." He was glad to report thirty-six new members. Among the guests, he was especially pleased to welcome Lord Stanmore. He ended by contrasting the conditions at Bart.'s in his own early days with those of the present time and of the near future, when the New Block would be opened. "The Guests" was proposed by Dr. Langdon Brown; and Lord Stanmore and Dr. Thursfield replied. The health of the chairman was proposed by Sir Percival Hartley.

* * *

The results of the last Examination for the Final Fellowship reflect great credit upon the Hospital. Out of the forty-two successful candidates no less than thirteen were Bart.'s men. Congratulations to all concerned.

* * *

The dates of the Amateur Dramatic Society's performances of *The Mask and the Face* have now been fixed for Tuesday, February 4th, until Friday, February 7th inclusive.

* * *

Congratulations to R. N. Williams and J. T. C. Taylor on the distinctions they have gained in the Rucker world.

OBITUARIES.

MR. PAULIN MARTIN.

MR. PAULIN MARTIN was born at Highworth, Wiltshire, in 1842. His father was Dr. John Martin, who went to Abingdon, Berkshire, to practise in 1847. Paulin Martin was educated at Radley College, and entered St. Bartholomew's in 1858. His midwifery tutor was Robert Greenhalgh, M.D.; he learnt his medicine from Dr. R. Martin, F.R.C.P., and his surgery from Sir Wm. Lawrence.

His father died in 1846, when Paulin Martin took over the Abingdon practice, which he worked single-handed for 45 years, until his eldest son joined him. Together they carried on the large country practice until his son's death in 1926—sixty-four years of good, hard work. In 1874 he married Mary, daughter of Dr. A. Iles, of Fairford, Gloucestershire.

His profession absorbed him and left little time for leisure, but what time could be spared was devoted to literature and archæology. While at Radley he started his now famous collection of old books—a hobby which he never dropped. He specialized in Shakespeare, early printed books, and Bibles. Rare books could be bought without great expense in those days, and the rarest and best were not out of reach if one knew, as Dr. Martin did, what were the best. He searched and bought carefully and assiduously, and entirely without thought of any future monetary profit. Apart from the regret, softened by his age and failing memory, of selling some of his library, his chief emotion seemed to be surprise that the folios he had bought for a hundred pounds or so should be eagerly bought for five thousand. The gap in the book-shelves seemed at once to be filled by editions only a little less rare, and now at his death there are scores of treasures which show the care and skill of a great collector. Nothing gave him greater pleasure than thrusting a first folio or a first *Compleat Angler* into the hands of anyone who showed the least interest in them. He was delighted when Lord and Lady Oxford, who came to consult him when he was eighty, recognized his first folio from the date on the binding.

He formed a collection of fossils and antiquities from the neighbourhood of Abingdon, which was an early Neolithic settlement. The doors of his house were propped open in summer with cannon-balls from the Civil War, and an ancient tilting helmet shared the wall of his study with portraits of Shakespeare and Chaucer.

His practice extended for many miles round Abingdon. He generally drove himself, his round often being

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between 30 and 40 miles over stony roads in a dogcart or, in very bad weather, in a brougham. He did his own dispensing, often having fifty bottles of medicine to make up at the end of the round. He did a great deal of midwifery—70 or 80 cases in the year mostly at a guinea a case—though later (in 1880) he gave up the guinea ones and charged two guineas. A human touch comes in one of his letters: "There is nothing so worrying as having a message from a grinning ignorant ass of a husband asking one to 'keep in the way'—destroying all sleep and comfort." A good sample of an ordinary day in the eighties was one of visits to thirteen villages in the neighbourhood, besides those in Abingdon, entailing a round of 37 miles—not too long in these days of motors and good roads, but in those days of stony unrolled ways with iron-bound wheels, even a pair of horses could not make the journey anything but slow and tiring. In between his journeys he dispensed the usual "endless bottles of physic," and finished the day at 10 p.m. with a guinea midwifery case—and so to bed with no more than a fleeting glance at his beloved folios.

MR. JOHN SADLER CURGENVEN.

It is with deep regret that we have to announce the death of John Sadler Curgenven, M.R.C.S., L.R.C.P., L.S.A., which took place very suddenly from an attack of angina pectoris at his house in Chiddingfold on November 25th.

He succeeded his father, Mr. John Brendon Curgenven, in practice at 12, Craven Hill Gardens, in 1890, and continued therein with great success till he retired in order to join the R.A.M.C. during the war. He was an accomplished practitioner, a man of fine character and great personal charm. He leaves a widow and a daughter and a wide circle of relations and former patients to mourn him.

ACKNOWLEDGMENTS.

The British Journal of Nursing—Cambridge University Medical Society Magazine—L'Echo Médical du Nord—Giornale della Reale Società Italiana d'Igiene—Guy's Hospital Gazette—The Hospital Gazette—The London Hospital Gazette—The Magazine of the London Royal Free Hospital School of Medicine for Women—The Medical Review—The Middlesex Hospital Journal—New Troy—The Nursing Times—The Post-Graduate Medical Journal—The Queen's Medical Magazine—Revue de Médecine—The St. Thomas's Hospital Gazette—The Student—Sydney University Medical Journal—University of Toronto Medical Journal—University College Hospital Magazine.

INAUGURATION OF SPECIAL APPEAL FOR THE RECONSTRUCTION OF THE HOSPITAL


BY

HIS ROYAL HIGHNESS
THE PRINCE OF WALES, K.G.

(*President of the Hospital*),

IN THE GREAT HALL,

WEDNESDAY, DECEMBER 4th, 1929.

 HIS ROYAL HIGHNESS having taken his seat on the platform, the following Address was read, in the unavoidable absence of Lord Stanmore, by Mr. Henry Hopkinson :

May it please your Royal Highness,

We desire to express to your Royal Highness our gratification at your presence here to-day ; we feel it to be another indication of the unfailing interest which your Royal Highness, as President, has shown in the welfare and progress of this ancient Institution, both in its work of healing the sick and in its no less important functions as a training school of medical practitioners and nurses.

St. Bartholomew's has carried on an unbroken record of service through eight centuries and thirty-seven reigns and, while it is proud of its past and jealous for its traditions, it recognizes that it can maintain these traditions only by keeping in the van of progress of scientific developments. To the attainment of this end the provision of modern buildings and equipment is essential.

As a first step in this direction a new Surgical Block, providing 250 beds and five Operation Theatres, is in course of erection, and it is earnestly hoped that funds will be forthcoming to enable the Governors not only to meet their liabilities in respect of this building, but to proceed with the next stage in the scheme for the general reconstruction of the Hospital.

It is an interesting coincidence that it is exactly 200 years since an appeal was made to the Citizens of London for funds for the erection of the still existing Ward Blocks, which form the Hospital Quadrangle, and one of the main purposes of the present Appeal is to enable the Governors to modernize these buildings.

The large sum for which the Appeal is made, however, is not exclusively for the reconstruction of Hospital buildings. Special contributions are invited towards the provision of adequate accommodation for new Laboratories and modern scientific equipment, essential

alike in connection with the treatment of the patients of the Hospital and for the efficient training of the men who will subsequently carry on the healing art in all parts of the Empire.

We are confident that your Royal Highness's keen appreciation of the necessarily intimate association of the treatment of the sick and the education of medical practitioners will ensure your approval and warm support of our Joint Appeal on behalf of the Hospital and the Medical College.

His Royal Highness in reply said :

" It was eight hundred years ago on this very spot that the ancient Hospital of St. Bartholomew was given, by Henry the First, that Charter of Foundation which marked an epoch in the history of medicine and in the life of the British people by starting Bart.'s on its mission for the mastery and prevention of disease—a mission pursued with unabated zeal and energy to this day.

" It is a work of service to the nation and humanity which contributes, perhaps, more than any other to the very foundation of our national character—the aim of 'keeping fit.'

" The ideal of Bart.'s is that of a real Temple of Health—because this Hospital exists to transform C3 men into A1 men, and in continuing its pioneer and leadership work to this end, to make Great Britain a nation of fit men and women.

" It was this ideal that flourished three thousand years ago, in Greece, when physical fitness, which is perfect health for the whole race, was clearly conceived as a supreme duty of citizenship, an object even of worship, established and honoured in those marvellous old Temples of Health, some of which still stand for us to see—waiting till our imagination should rise to grasp the purpose for which in the distant past they were designed.

" Since those days science has performed many miracles with the loyal aid and support of such great medical institutions as Bart.'s, and by the discoveries of such men as Harvey, for 34 years her chief physician. Science has immensely increased our knowledge of disease and our power to fight it. We have advanced far beyond the primitive, but not unwise, medical methods of the classic times. For this we owe more than can ever be repaid to the unselfish labours of research and to the devoted service of our hospitals.

" But have we done as much, with our greater opportunities, as the Greeks with their little knowledge ?

" It seems we are only just beginning to recognize the immense economic value of health, and its necessity for the welfare and happiness of the race.

" It is not the doctors who have grudged self-sacrifice.

It is not the hospitals who have faltered in the work. It is public consciousness and encouragement, the hearty goodwill and co-operation of the people that the hospitals are seeking in sufficient volume for their needs. Often, indeed, has individual generosity done big things for special occasions; often, indeed, have the poor themselves responded whole-heartedly to a special call.

"Our great hospitals are struggling to secure sufficient support for ordinary maintenance expenses. Handicapped as many of them are, they cannot even provide

plished without imagination, without carrying our vision over immediate obstacles. We need to look, as Bart.'s is looking, to the years ahead of us; to a goal which it is not for us to dismiss as impossible.

"To-day, perhaps, marks yet another epoch in the history of this ancient institution. For we are here to release a signal—that Bart.'s has begun her great forward movement towards a Temple of Health: a signal that expresses an aim and an ideal justifying the whole-hearted sympathy of all.



Photo: Central Press.]

adequate facilities for the new generations of doctors to acquire highly efficient knowledge; for patients to be given the full benefit of all the latest apparatus and equipment; for the most up-to-date treatment which modern hospital construction could provide.

"Properly encouraged, adequately supported and generously endowed—and there are men to-day, we know, ready to meet the needs of a great purpose frankly presented to them—the research work of our hospitals *can* and *will* prolong the life of mankind.

"Nothing really vital has been, or can be, accom-

"It is an SOS signal that none may ever forget Bart.'s need; a light to remind us, at each flash, of the fight for life facing one or more of our fellow-creatures; of the care and the cures that Bart.'s, despite all handicaps, is at this and at every moment administering in her wards, her laboratories and her operation theatres; cures that her doctors will perform whatever our response. Above all, it should remind us of the miracles they could perform with so much greater effect and to such far greater purpose, with our encouragement, understanding and support."

The Lord Mayor (Sir William Waterlow), in supporting the Appeal, gave an assurance that the citizens of London would respond. The name of the first Lord Mayor, Henry FitzAylwin, was inscribed on the walls of the Hospital, and his successors had all been associated with that grand institution. The present buildings, which had been erected in the days of the sedan-chair and candle illumination, needed to be brought up to date.

we thank Thee for Rahere our Founder, and for all other our Benefactors whose charity in the past has made possible for us the opportunities of the present.

Make us worthy of the heritage that is ours. Direct and prosper all that we now design to further the work which Thou hast committed into our hands.

Bring to fruition all that we plan and purpose: that so, by Thy Blessing, Love and Science may do yet



Photo: Keystone View.]

Bart.'s was especially associated with the history and the traditions of the Corporation and the Livery Guilds, and he was sure that these various elements would wish to be closely identified with the reconstruction. In conclusion he was glad to be able to read a list of a number of donations which had already been promised.

The company then standing, the Venerable the Arch-deacon of London said the following prayer:

O Eternal God, by Whose Providence this Hospital has ministered down the ages to the relief of suffering;

greater works to the setting forth of Thy glory, and the relief of the necessities of others; through Jesus Christ our Lord. Amen.

The Grace of Our Lord Jesus Christ, and the Love of God, and the fellowship of the Holy Ghost, be with us and remain with us always. Amen.

The Prince then pressed the button which released the revolving light on the roof of the New Surgical Block, and at the same time a model of the light, which had been placed on the table before him.

His Royal Highness, who had graciously consented to be admitted a Perpetual Student of St. Bartholomew's Hospital Medical College, was formally admitted by Dr. H. Morley Fletcher. This he said was the highest honour in our keeping, and one that had only been given four times. The names of the four Perpetual Students were: Prof. Hugh Cabot, Dr. Harvey Cushing, Lord



Moynihan and Prof. Grey Turner. The Medical College was deeply sensible of the honour done to it by His Royal Highness in having his name upon its rolls. Dr. Morley Fletcher then asked the Dean to read the declaration, which is signed by all students of the College.

His Royal Highness left the Hall and proceeded to the Library, where tea was served.

Thus was the Appeal inaugurated.

MORE MEDICAL NOTES.

By SIR THOMAS HORDER, Bt.

ON THINNESS AND FATNESS.

(1) In any case of loss of weight in which the cause is obscure, the first consideration should concern the food swallowed—whether this be sufficient to maintain nutrition. The second consideration should be directed towards the question whether or no the food leaves the body, by vomiting or by diarrhoea, before it can be properly digested and assimilated. The investigation should then proceed in such a way as to eliminate the following factors: Microbic infection (especially tuberculosis), neoplasm (especially of the alimentary tract), metabolic defects (especially diabetes and pancreatic deficiency), endocrine imbalance (especially hyperthyroidism) and nerve diseases.

(2) Loss of weight may be the first complaint in Graves's disease, and unless the observer be sensitive to the facies presented in the early stages of exophthalmic goitre, or unless the possibility of this disease be thought of, as it should be in all wasting of obscure nature, the diagnosis may go overlooked for some time. The patient most likely to give rise to this difficulty is a man in the later years of life, for in this case neither the sex nor the age of itself suggests the existence of Graves's disease.

(3) If, in a young woman who is emaciated, tuberculosis, diabetes and Graves's disease can be excluded, the probable cause of the trouble is "anorexia nervosa" or some allied psychosis.

(4) In both diabetes mellitus and exophthalmic goitre the prognosis is better in the "fat type" of the disease than in the "thin type."

(5) Many fat patients profess themselves small eaters. Though it is true that some of them do eat very little, all should be suspect until the evidence is indisputable.

(6) It is too often assumed that fat patients who are short of breath have fatty hearts. The satisfactory response made by many such patients to general measures of treatment, and to graduated physical exercise, gives strong support to this statement.

(7) The diagnosis of "fatty heart," as against certain other forms of myocardial disease, is not possible.

(8) Localized deposits of fat are sometimes mistaken for other and more serious things. In the neck they

may be mistaken for an enlarged thyroid and also for enlarged lymph-nodes. In the abdomen they may be mistaken for tumours (and especially for cysts) and for ascites. These errors are more likely to occur if the fat has appeared rather quickly, as is not infrequent at the menopause.

(9) It is not only in Dercum's disease that fatty deposits are painful and tender. This is not infrequently so in "fibrositic" or "gouty" subjects who become fat. As is the case in *adiposis dolorosa* proper, the patients are generally women.

(10) Rapid loss of weight sometimes renders conspicuous lipomata, the existence of which was previously unknown. A lipoma on the back of the chest, brought to light in this manner, has been mistaken for a pointing empyema.

(11) A fatty liver is perhaps more often overlooked than is any other considerable enlargement of this organ. The reasons are these: The texture is not so firm as to make palpation easy; the organ is not tender; and the observer, if he be not aware that a fatty liver may be very large and yet give no symptoms, may fail to palpate the abdomen sufficiently low down to feel the free border of the viscus.

SOME NORMAL "ABNORMALITIES" IN INFANCY.



PHYSICIAN who has to deal with very young infants is kept well in his place. It is rare for him to meet a mother who does not spend most of an interview in giving him advice on the care of babies in health and disease. Any suggestion he may put forward is subjected to a searching criticism, annotated with liberal quotations from folk-lore and the views of friends and relations. The suggestion is often rejected with scorn, the amount of scorn being in inverse ratio to the number of children produced by that mother. Under these circumstances it is good to have a few cards up the sleeve to restore one's self-confidence. One such card is a knowledge of those conditions in babies which alarm their mothers, but which in fact have no serious significance whatever. There follows a brief account of some of the symptoms complained of from time to time by mothers, and about which they can be confidently reassured.

Such variations from the normal fall naturally into

two groups. The first is formed by those conditions which are in themselves unimportant, but which have to be distinguished from allied abnormalities of a more serious nature. The most obvious example of this group is the *caput succedaneum*. In the process of birth nearly every baby gets a greater or less degree of oedema over the presenting part. When this is the head, a soft patch can be felt, which involves all the layers of the scalp and which is not limited by the sutures. It is to be distinguished from a *cephalhæmatoma*. In the latter case the whole scalp is lifted from the bone by the effused blood, and the swelling is usually limited by the surrounding sutures to one bone of the vault. In most cases a *caput succedaneum* disappears within a few days of birth; very occasionally it persists for two or three weeks and gives rise to alarm. Even when this is the case its disappearance is eventually complete, and no harm is to be anticipated. Allied to the *caput succedaneum* is another less frequently described abnormality. This consists of an effusion of blood into those parts subjected to pressure in the birth canal. Such effusions usually appear in the skin over the eyelids, over the forehead above the bridge of the nose, over the occiput or over the nape of the neck. Unlike the *caput succedaneum*, they are not present immediately after birth, but become apparent in the course of two or three days. They may last for five or six weeks. When first these effusions appear they are not unlike *nævi*, for which they are commonly mistaken by the mothers. On close inspection, however, it is clear that the discoloration is produced by blood poured out into the tissues and not contained in vessels. Another source of complaint is the mild jaundice that is present in about five babies out of ten. This symptom usually becomes evident within two or three days of birth and is gone by the tenth day. There are fairly wide variations in its time of onset and in its duration. It is understandable that if the jaundice appears later than usual or lasts longer or is more intense, a mother may well become uneasy. In spite of its frequency, the authorities are not very clear in their minds why it occurs at all and, as is usual in such circumstances, there are two schools of thought. One holds that it is the result of hæmolytic, in the course of which the high fetal red cell-count diminishes to that of the normal baby; the other maintains that it is due to the liver being slow to meet the requirements of extra-uterine life and a consequent reabsorption of bile-pigments into the blood-stream. One very reputable text-book supports both hypotheses in the same paragraph, though perhaps unintentionally. Anyway, the transitory jaundice is common enough to be regarded as a normal phenomenon, and the babies who have it suffer no disadvantage. It

is necessary, however, to distinguish it from the graver forms of jaundice to which infants are liable. When the colour is deep or the condition long-lasting, this is not always easy. The observations that the child is thriving, that the spleen is not palpable, that the liver is not enlarged and that there is no umbilical sepsis can be taken into account in forming an opinion.

The conditions in the second group are simpler. They are distinct from any abnormalities of a serious nature; once they are recognized, no process of differential diagnosis has to be gone through. Described on paper, they appear trivial, but to the eyes of a mother possessed of a new baby, any one of them may assume undue importance. Such, for example, are the small white spots so often to be seen over a baby's nose. These are not raised above the surface and are less than half a millimetre in diameter. When present, they are scattered fairly densely over the middle and lower part of the nose and, sometimes, over the adjacent parts of the cheeks. The spots are to be seen when the child is born and disappear in about four weeks, leaving the skin perfectly normal. It seems probable that the sebaceous glands are not in full working order at birth, and that collections of their retained secretion give rise to this appearance in the skin. Over a rather longer period of time "milk-blisters" may be present on the lips and call for comment. It is not surprising that the name "blisters" is used. The epithelium along nearly the whole length of the opposed parts of the lips seems raised from the surface and has a transparent bluish look. This altered appearance never extends quite to the junction of the red lip and the skin, but stops short by about a sixteenth of an inch. It is popularly supposed that the infant raises blisters on its lips by powerful sucking at the nipple. In point of fact there is no blister fluid under the puffy epithelium, nor is the latter shed. The condition will probably prove to be a by-product of the process of differentiating the lining of the mouth from the skin outside. A similar developmental explanation can be offered for another minor variation in the mouth. Many babies have a diamond-shaped white patch in the mid-line at the junction of the soft and hard palates. Its longest axis, from before backwards, does not exceed a quarter of an inch. For three weeks or so from birth the patch remains a yellowish white and then gradually assumes a pinker colour. It seems reasonable to look on it as the last phase of the union of the lateral processes which meet to form the palate. Some enthusiastic parents, however, prefer to regard it as a form of thrush, and therefore scrub it vigorously, to the great discomfort of their offspring. Again, the enlargement of the breasts, which most newly born babies have, often calls for an explanation. The

fœtal circulation presumably carries the same hormones as those present in the mother's blood; consequently the mechanism which prepares the mother's breasts for lactation has a similar effect on those of the fœtus. Boy or girl babies are equally affected. An increase of mammary gland tissue, rather than of fat, accounts for the size of the breasts. Drops of milk can be squeezed from the nipples. The condition tends to become more noticeable if a baby rapidly loses weight soon after it is born, so that the fat under the skin round the breasts disappears, leaving the glands standing out. The enlargement lasts for a variable time, usually only two or three weeks, but sometimes for as long as three months. The fact that a baby's breasts may be large at birth has a rather wider publicity than some of the other peculiarities of babyhood. Quite a respectable amount of folk-medicine has become attached to it. Nevertheless, some women are still unaware of it, and view with suspicion its occurrence in their babies. The only other source of complaint that can be referred to in this short account concerns the shape of a baby's legs. Owing to the relative shortness of the tibiae and to the high proportion of subcutaneous fat to muscle, the legs look bent with the convexity outwards, as compared to those of a normal adult. It needs only to run the finger down the bone to perceive that there is in fact no real bowing. This deceptive appearance is always being rediscovered by parents, who fear that their baby has rickets. The bone changes in this latter disorder do not appear before the age of six months, except under very unusual circumstances. The parents can be convinced of the normality of their own child by looking at the legs of a few other children of the same age.

It has often been pointed out, and with truth, that babies are under considerable disadvantages compared to the young of other animals, as, for instance, puppies. The babies cannot move about to get their food, nor can they survive unless they are kept wrapped up in clothes. Although they are mammals, they lead almost as obscure an existence as young marsupials. As a result, the general public is unused to seeing more than the tip of a tiny baby's nose, and there is little common knowledge about the normal variations in infants in the earliest weeks of their lives. There are no established standards for babies, and the individual mother has to compare her baby with the more fully grown animal—a procedure which is sometimes very misleading. It is on this account that she may be in real need of advice; to restore her peace of mind, it is only necessary to have a working acquaintance with the minor "abnormalities" of infancy, of which some instances have been outlined here.

CHARLES F. HARRIS.

SOME OBSERVATIONS ON THE CONDITION OF THE APPENDIX IN CASES OF ACUTE APPENDICITIS.



THE following notes, based upon 30 consecutive cases of acute appendicitis, are written, not with the idea of showing any originality of thought, but rather to emphasize some points suggested by Mr. W. H. Bowen, M.S., F.R.C.S., in the ætiology of acute appendicitis.

His views on this subject are set out in the *Guy's Hospital Reports* of January, 1929, in a paper entitled "Notes on the Etiology of Appendicitis." The writer suggests in his paper that there are three main conditions which, if upset, impair the health of the appendix. These conditions are:

- (1) Impairment of nutrition.
- (2) Impairment of activity of the musculature of the walls of the appendix.
- (3) Blockage of the lumen.

Tabulated Series of 30 Consecutive Cases of Acute Appendicitis.

Case No.	Age.	Sex.	Duration of history.	T.	P./R.	Gangrene.	Stercolith.	Other remarks.
1	3	M.	30 hours	103°	152/32	Yes	Yes	Free fluid present; appendix retrocaecal; distal third mainly involved.
2	5	M.	36 "	101.4°	140/40	No	No	Free pus present in peritoneal cavity; appendix retrocaecal and acutely inflamed throughout.
3	7	M.	2½ days	99.2°	118/24	Yes	Yes—2	No free fluid; appendix retrocaecal; distal third involved.
4	10	M.	2 "	100°	104/32	"	Yes	Appendix encircled by omentum; no free fluid; distal two-thirds involved; swollen lymphoid follicles at caecal end almost blocking lumen.
5	11	M.	24 hours	100.6°	120/28	Diffuse gangrene of mucous membrane	No	Intense injection throughout all coats. Lumen contained inspissated faecal material.
6	18	M.	2 days	100.6°	96/20	Yes	Yes	Clear free fluid present; distal third involved; coated with recent lymph.
7	18	F.	20 hours	100°	84/28	No	No	No naked-eye pathological changes.
8	18	M.	18 "	100.2°	86/20	Yes	Yes	Distal third involved; recent lymph present.
9	21	F.	8 "	100.6°	88/22	"	No	Appendix enlarged, recent lymph; mucous membrane gangrenous; lumen contained inspissated faeces.
10	21	M.	6 "	101°	100/26	No	"	Early acute catarrh.
11	22	M.	12 "	100.4°	100/24	"	"	Free sero-purulent fluid; small hæmorrhages in mucous membrane; lumen empty.
12	23	F.	24 "	"	"	"	"	Walls thickened; lumen constricted in middle of its length; distal end contained pus. History of previous attacks.
13	24	M.	24 "	102.8°	114/24	Yes	Yes	Free purulent fluid; appendix perforated; 2 faecoliths free in peritoneal cavity; a third faecolith blocking the lumen proximal to perforation.
14	25	M.	2 days	"	"	No	No	Acute catarrh; appendix embedded in omentum.
15	27	M.	48 hours	100°	84/24	"	"	Distal third intensely injected; lumen obliterated at junction of middle and distal thirds; distal end contained a small collection of non-odorous pus.
16	28	F.	24 "	100.4°	136/24	"	"	Sero-purulent free fluid; acute catarrhal inflammation.
17	29	F.	20 "	101.6°	100/24	"	"	Acute catarrhal inflammation; no free fluid.
18	29	F.	36 "	100°	132/22	"	"	"
19	30	M.	30 "	100.8°	80/24	Yes	"	Malodorous purulent free fluid; intense injection of whole appendix with two small areas of gangrene; no stercolith, but pus and inspissated faeces in lumen.
20	40	M.	24 "	99.6°	80/24	No	"	Clear free fluid; adhesion producing kink; slight inflammation distal to kink.
21	43	M.	24 "	99.8°	116/26	"	"	Enlarged appendix; acute catarrh; recent lymph.
22	45	F.	48 "	101.8°	110/28	Yes	Yes	Sero-purulent free fluid; gangrene in distal third, followed by pelvic and sub-diaphragmatic abscesses.
23	48	M.	12 "	97.4°	65/20	No	No	Appendix kinked; distal portion inflamed.
24	48	F.	15 "	100.6°	108/20	"	"	Acute catarrhal inflammation; recent lymph.
25	53	F.	48 "	100.6°	84/24	Yes	Yes	Short appendix ¾ in. long and ¼ in. in diameter; large stercolith involving whole lumen.
26	54	M.	5 days	100.8°	96/20	"	No	Free mal-odorous purulent fluid; appendix retrocaecal; many patches of gangrene; lumen containing inspissated stercoraceous material.
27	56	M.	52 hours	100.6°	100/26	No	"	Clear free fluid; acute catarrh; retrocaecal, and bound down by omentum.
28	56	F.	7 days	102.6°	116/26	"	"	Localized abscess of mal-odorous pus; appendix completely sloughed.
29	69	M.	56 hours	99°	98/24	"	"	Appendix swollen; oedematous and pale; walls thickened.
30	16	F.	60 "	102°	120/28	"	"	Acute catarrhal inflammation; purulent, non-odorous free fluid.

It is these three factors which I desire to emphasize in the notes.

(1) *Impairment of nutrition.*—Anatomical considerations play a very large and important part in the site of the lesion of the appendix. Whilst in many cases the whole length of the appendix is involved in catarrhal inflammatory changes, there are many cases of acute appendicitis in which only a portion of the appendix bears the brunt of the infection. The artery to the appendix runs along the free border of the meso-appendix, sending off branches as it proceeds distally. The mesentery, however, stops short before the tip of the appendix is reached, and the terminal ramifications of the appendicular artery lie along the appendix itself. It is therefore easily understood that the terminal portion of the appendix is the most vulnerable, for its supply of nutrition may easily be upset by slight œdema of the appendix walls or by pressure of contents of the lumen, whereas the vessels of the proximal two-thirds are away from such upsetting influences.

It will be seen from the tabulated series below that out of the 30 cases here considered, 14 showed a generalized acute catarrhal inflammation, in one the anatomy of the appendix could not be demonstrated owing to abscess-formation and destruction of the whole appendix, and in one no gross pathological change could be shown to the naked eye. Of the remaining 14 cases, however, the lesion was confined to the distal third in 11 cases and the distal two-thirds in 3 cases; that is to say, that the terminal third was involved alone in 78·5% of cases; in no case was the proximal third involved unless the whole organ was inflamed.

(2) and (3) *Impairment of musculature and the blockage of the lumen.*—I propose to deal with these together. A sluggish musculature brings about the stagnation of the contents of the lumen and the accumulation of soft fæces. The appendix, being a part of the large bowel, is concerned, amongst other things, in transforming the soft fluid fæcal material discharged from the small gut into semi-solid fæces. Hence the stagnated fæcal material becomes inspissated, and finally—if the process is not abruptly terminated by surgical interference—becomes transformed into the fæcolith or stercolith. The stercolith, once formed, may fill and block the lumen of the appendix, and by pressure on the appendicular walls produce gangrene and necrosis, leading even to perforation. That the stercolith is a very potent factor in the production of gangrene is well brought out in W. H. Bowen's series, in which in 80% of cases with gangrene a stercolith was present, and in 93% of cases with catarrh there was no stercolith. In the series here tabulated in 70% of cases with gangrene

a stercolith was present, and in no case of acute catarrh was there a concretion.

That there are other causes of blockage of the lumen is obvious, and kinks and adhesions are frequently cited. Enlargement of the lymphoid follicles at the cæcal end of the appendix and fibrosis following a previous attack of appendicitis may also produce a block. Case 4 of this series is a well-marked illustration of follicular enlargement. Case 12 illustrates constriction of lumen from old attacks.

In the above list the duration of history is taken as the length of time from onset of symptoms to time of operation.

Other observations gathered from the above series are:

(a) In 13 cases there was a definite history of some degree of constipation; in 7 of diarrhœa; in 10 there was no history of irregularity in the action of the bowels.

(b) In 16 cases there was no free fluid present in the peritoneal cavity; in 5 there was clear straw-coloured fluid; in 4 sero-purulent fluid; in 5 purulent fluid.

(c) In 8 cases abdominal pain was first noticed in the epigastrium; in 11 in the umbilical region; in 5 all over the abdomen; in 5 in the right iliac fossa; in 1 (Case 10) there was no definite abdominal pain.


(d) In 20 cases there was a history of vomiting (in one self-induced); in 10 nausea, but no vomiting.

In conclusion I would again like to point out that I make no claim to originality, and that I am fully conscious of the small number of cases taken. However, I shall be more than satisfied if these few remarks arouse a fresh interest in this common complaint amongst those who, like myself, have but recently become qualified.

I wish to record my thanks to Mr. W. H. Bowen for permission to publish these notes.

W. R. FORRESTER-WOOD.

A CURIOUS CASE OF HÆMATEMESIS.

 H—SON (*alias* F. H—), a well-nourished woman, æt. 27, was admitted to Mary Ward on August 20th, 1929, giving the following history:

Whilst travelling to London by train she was suddenly seized with severe abdominal pain, vomited up a large quantity of blood, and collapsed. Three years previously she had suffered with epigastric pain, coming on immediately after taking food. Between the years 1926–1928, whilst domiciled in Canada, she had been operated on seven times for “lumps in the stomach.”

On examination she was found to be excessively blanched. Temperature 97° F., pulse 110, respirations 15. There was no obvious blood in the nares or throat. Transfusion scars on either arm, and seven operation scars, carefully arranged all over the abdominal wall, testified to a past that few could have endured and still lived to tell the tale. On palpation the abdominal wall was felt to be rigid, although there was some relaxation after exerting continuous pressure, and the abdomen moved fairly well on respiration. There was no liver-dullness and the patient was complaining of severe pain. The blood-count was: Red blood-cells 2,140,000, white blood-cells 11,200, hæmoglobin 13%, giving a colour index of 0.3.

She was transfused with 600 c.c. citrated blood and put on to continuous rectal glucose saline.

Severe abdominal pain persisted and she continued to vomit small quantities of bright blood, in spite of the administration of morphia gr. $\frac{5}{8}$ and heroin gr. $\frac{1}{8}$ in the course of the first twenty-four hours following admission. Not unnaturally she remained quiet for several hours after receiving such heroic dosing, but on the evening of the second day she was again writhing in agony and vomiting blood. During the second twenty-four hours she was given heroin gr. $\frac{5}{8}$ and morphia gr. $\frac{1}{4}$. Meanwhile she had shot temperatures of 104° and 105° F., although the pulse remained between 90 and 100. On the third day she passed a large quantity of tomato skins, but the motion contained no blood. Two subsequent examinations of the stools for occult blood showed a negative result. After the fourth day she rapidly improved on a Lenhartz diet, although she still had occasional small hæmatemeses. On the ninth day after admission she was sitting up reading the newspaper. Her hæmoglobin had risen to 30%.

The correct interpretation of this case was arrived at after a consideration of the following points:

It at once became apparent that the account she gave of herself was not *bonâ fide*. Research on the part of the Police Force showed that she had visited many institutions in this country, and a letter kindly sent to us from one of these reads:

"She was admitted to this hospital on October 27th, 1928, with a copious hæmatemesis. Her history is completely unintelligible. She has been operated on in almost every country in the world, and six months previous to admission here was treated for gastric ulcer at the ——— hospital. [This hospital has denied any knowledge of the patient.] She remained here till March 15th, 1929, during which time she had many hæmatemeses. She could vomit half a pint of blood or more without any ill-effect, and she repeatedly ran temperatures of 107°–109° F. She was treated on a

Lenhartz diet and given every known hæmostatic. The hæmoglobin estimation on admission was 20%. All investigations, including a barium meal, drew a blank. On October 28th, 1928, one of the surgeons opened her abdomen and spent two hours vainly trying to separate adhesions. She was transfused once."

No doubt the other six scars could each tell a similar tale.

A brooch, which she had collected from her locker whilst apparently "*in extremis*," was found under her pillow, and this recalled the fact that her first request on being admitted to the ward was for a pin, for the purpose of fixing her handkerchief to her clothing. The request was, needless to say, politely but firmly refused. Her goose was finally cooked by the mercury rising to 110°.

A second and more careful examination of the upper respiratory passages led to the detection of a large and obviously self-inflicted crater far back on the nasal septum.

She remained with us for thirty days in all before being discharged well in body, but apparently unrepentant in spirit.

I am indebted to Dr. Langdon Brown for permission to report on this case; and also to the Nursing Staff, whose close supervision afforded the necessary clues.

E. G. RECORDON.

A RARE TUMOUR OF THE SPERMATIC CORD.

THE following case, though extremely rare, merits some attention owing to its interesting nature.

W. S—, æt. 53, labourer, was admitted to Stanley Ward complaining of an "irreducible rupture." His story is that twenty years ago he noticed a small "rupture" in the left groin, which was easily reducible and gave no trouble. Seven years ago he commenced more strenuous work, and soon noticed that the rupture was getting bigger and that he was unable to reduce it. Since then the rupture had increased steadily in size and had never been reduced. He had no inconvenience and wore no appliance.

On examination he was a healthy man, with no point of interest except the local condition. The right half of the scrotum with the right testicle and cord was normal. In the left half of the scrotum was a swelling 8 in. long by 6 in. by 6 in., the long axis being vertical. The shape was ovoid. At the lower pole was a smaller swelling—the left testicle. The neck of the scrotum could not be gripped above the swelling, which was continuous into the inguinal canal. The surface of the swelling

was smooth. Fluctuation was not obtained, and the swelling was not translucent. There was no impulse on coughing. The skin over the swelling was normal, and not attached. The left testicle was felt apart from the swelling and normal. The spermatic cord could be felt external to and somewhat behind the swelling. Pre-operative diagnosis, irreducible hernia.

At operation, after incision of the usual coverings of the spermatic cord, a large cystic swelling was found, with a thin, whitish wall. It was found not to communicate with the abdominal cavity. The swelling burst, and material resembling fine oatmeal porridge escaped under fair pressure. The cyst-wall was easily removed by blunt dissection, except at the upper pole of the tunica vaginalis, to which it was somewhat adherent, but with which it did not communicate. No hernial sac was found. The inguinal canal was widely distended and so left. The wound was partially closed with tube drainage, and the patient was discharged in twelve days with the wound practically healed.

The cyst wall was rough externally, but quite smooth internally. A microscopic section showed a layer of stratified squamous cells, with a definite basal layer. There would seem no doubt that this was a dermoid cyst originally situated in the inguinal canal, but displaced into the scrotum owing to its size. It would also appear that this was a dermoid cyst of the spermatic cord, and not merely an inclusion dermoid of the scrotum.

This form of dermoid cyst is not mentioned in any of the books on general and surgical pathology which were consulted, but Bland-Sutton says: "Dermoid cysts have been described in relation with the inguinal canal. The only record which can be relied on is that of H. J. Paterson."

Paterson's case is also interesting. A man, æt. 35, had for five years had a swelling, thought to be hernial in origin, in the inguinal region. So like a hernia was this swelling that when it became painful attempts were made to reduce it under an anæsthetic. The swelling was elastic, oval, 3 in. in length, with long axis in line of inguinal canal. At operation an opaque whitish swelling was found deep to the external oblique muscle. When the swelling was incised, thick pultaceous material escaped. The swelling was in a closed sac not communicating with the abdominal cavity and was fairly easily dissected out. No hernial sac was seen and no hernia developed subsequently. A single hair was seen inside the cyst. Microscopic section of the wall proved it to be epidermis, showing stratum corneum et granulosum et Malpighii and a cutis vera.

At the time that he described the case Paterson had heard of no other case and has heard of no other similar case since. He thought the origin of the sac was due

to antenatal inclusion of epidermis in the medium fusion with displacement into the inguinal canal.

Pearce Gould describes a somewhat similar case. A man for fourteen years had worn a truss for a rupture in the left groin. This rupture commenced to grow bigger, and, the truss no longer fitting, the patient came to hospital. On examination a swelling was found in the left inguinal canal and just extending into the scrotum. The spermatic cord was anterior and external to the tumour. The tumour was about the size and shape of a hen's egg, smooth, tense and fluctuating. At operation a cyst was found deep to the various layers of the cord and just outside the peritoneum. It had a thin smooth wall, and contained sebaceous matter and a few dark hairs. The inguinal canal was widely distended but there was no hernial sac, nor did a hernia appear later.

It will be seen that the three cases (no more could be traced) have several points in common:

- (a) The patient for some years had a "rupture" giving no trouble.
- (b) Pre-operative diagnosis in each case was irreducible inguinal hernia.
- (c) In two of the cases the coverings of the cord had to be incised.
- (d) In no case was a hernial sac discovered.

I am indebted to Mr. Paterson for permission to publish notes of this case, and to Prof. G. E. Gask for permission to publish the notes of the case from Stanley Ward.

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I. W. MATHESON.

ROUND THE SHOWS.

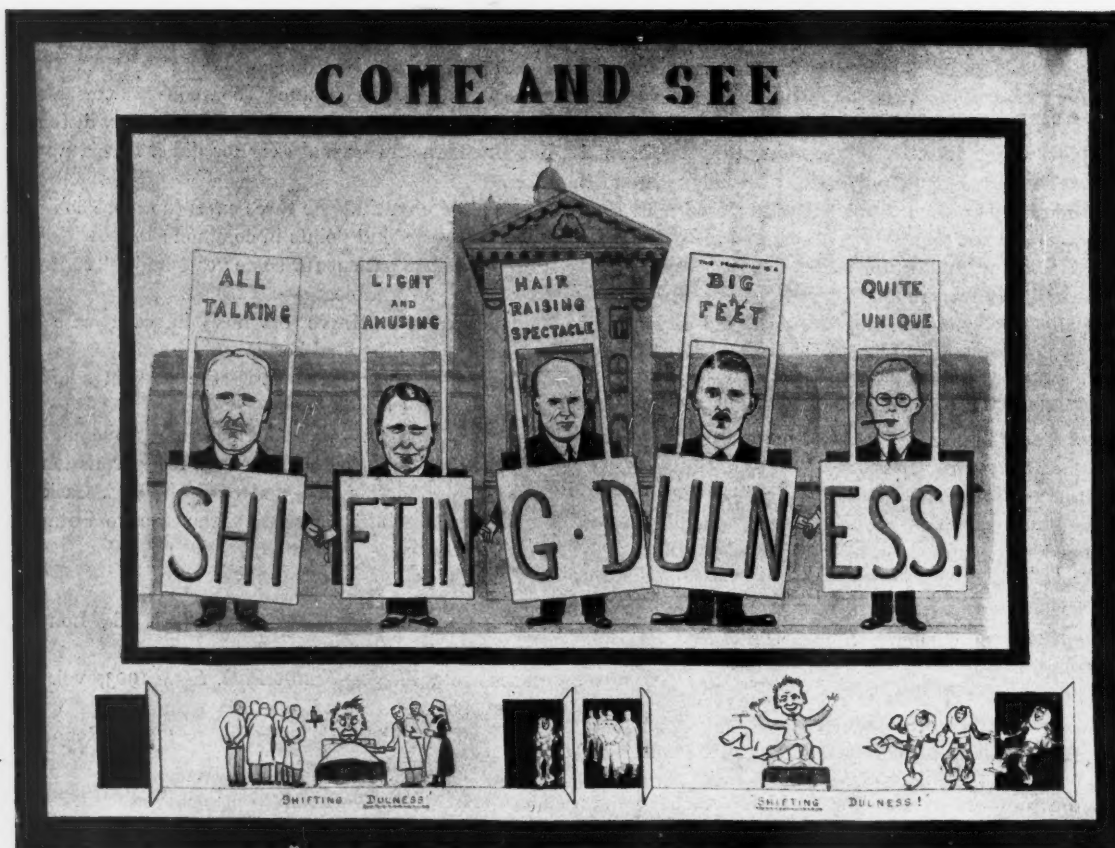
[We had just settled down to write learnedly a review of the Christmas shows when the following letter arrived by special messenger. Finding in it a spontaneity, a freshness of outlook and a disregard for syntax, to which we could never hope to attain on Boxing Day, we threw our laborious notes on to the blazing Yule log, and, having made such spelling corrections as the sense demanded, we sent the letter to the printers.—ED.]

DEAR SELINA,

Did you have a merry Xmas I did. I didn't eat much Dinner as I had so many teas at Barts. Albert —thats my new young man the one I wrote about last

week—works there and he asked me to go, and see the Xmas shows, they were good. We had to see some people called RSQ first because Albert said they lived at the Hospital so they got jolly sooner in the afternoon than the others. They were all pierrots and they began to sing, but the man at the piano kept changing the tune. They were sick of eating bad breakfasts but the housekeeper seemed to expect it, and didn't mind. The waitress looked like our Cissie not much SA. I

like Mrs. Buggins at the pictures watching a real Tom Mix, with a hero and villain and father with a black beard and horses and setting the ranch afire and everything and lots of kissing. Then there was a scene and singing about patients being brought into the wards and nurses *do go on so at Barts*. Albert said the heroine was very pretty, and I said she wasn't, and Albert said it was only a man dressed up, and I said anyway it was time to go to another show.



can't write all the turns as we saw ten shows and there were five in each which makes fifty. They had a comic with a little hat and some dancers, and a play about two women who wanted the same man and I blushed being with Albert, but it was only the butler they wanted. Anyway Albert said he liked a good colour. I always thought doctors were clever, but there is a lot they don't know. Please ask Fred what the blacksmith said when the hard heavy hammer hit his thumb.

Well then we went to *Mary's little lambs*. I thought they would be kids but it wasn't half a grown-up show

So we went to the *Watsonames*. They were some more pierrots, and they sang about students who are a bad lot. Seems they come late and go early and muck up the wards, but I thought the Xmas decorations looked nice. Then two pierrots did a nigger talk and after that they did an operation and took out Sir Somebody's whatsoname and I laughed so much that Albert said we ought to go on to see the *Canaries*. They were really Chinamen, and a fat man sang *Mean to Me* in ever such a nice voice. Albert said he hoped I'd never make him sing that

and a man with funny white hair came in with some young doctors, and he said nasty things to them, but they rather liked it. Seems there is a man like that called the old man, any way he was a very good doctor and he operated and pulled tonsils and bones and things out of a baby's neck without any bother.

So we went to the *Bathing Roberts* who sang *Daisy* and a bicycle made for two. Back to the naughty nineties Albert said, and Dad would tell me about what that meant. Then there was some more operating. Seems the operating is a great joke at Barts. A Frenchman and a parson and an old man like grandad only deaf were helping a doctor to show an American a new operation. When they finished, they had cut the American's ear off by mistake, only nobody saw him change places with the patient. So they all sang about making *whoopee* and when I asked Albert what that was he said if I waited there long enough that night I'd see all right.

Albert said the *Focal Septet* was well produced, he's so clever. They sang a song about a man whose wife was on a diet, and a doctor came in to look at a patient and he asked a lot of silly questions in such a silly voice, I thought it was stupid. But Albert told me it was very clever and one of the doctors was quite like that, so I laughed too. There was a handsome conjurer and Uncle Ben and a man with a big nose as good as the Coliseum. They started a machine to read people's thoughts, but Albert ran out so I had to follow, which was a pity.

Then we saw Uncle Garge and a man from Australia and James and John and Little Eric singing about themselves and *Shifting Dulness*. Another conjurer made a bonfire and a cake out of a poor man's hat. There was a lady from Paris who sang so high up, she was a funny shape. Albert says singers always are,



he's so musical. Carnera's brother Secundo lifted 250 pounds, and then the conjurer turned the weight into cardboard. They showed us a patient like a bean pole grow fat on medicine, there's a chance for Cissie still. They brought in Eric the performing bull, but I had my new red on so we went to the *Labour Party*.

They were the nicest, two of them couldn't stand up. They had a pair of ghosts and a monkey and two real sea lions, anyway they sounded real only we couldn't see them because of the crowd. Then they put up some scenery and one of them sang about the cane brake and Ohio and he made such lovely big eyes that we all clapped like anything and he sang it again.

Then we saw the *Pink Polyyps*, who showed a film they bought in Hollywood all about college boys who

played cards and drank. I am glad Albert didn't go to college, the villain put some hooch into the hero's cocktail. They rode on horseback through the audience firing guns at each other, and I was so frightened Albert had to hold my hand. Then another man lifted weights, but they were only balloons and they all put on noses and sang about a patient called Izzy.

When we got to *Percy's Performing Pediculi*, they were doing a real panto. I thought it was about a



fireman, but Albert said he was a gladiator. Anyway he kept kissing a lady in a night dress called Hernia until she knocked his hat off I loved it. There was a Gypsy princess and an elephant, and everything but Albert said it was time to go home, so we didn't see if the fireman got his Hernia in the end.

Well this is a long letter and Albert and I are going to be married, as he asked me going home. You were right about the top of a bus in this weather.

Your grateful friend,
MILLICENT.

ABERNETHIAN SOCIETY.

A MEETING of the Society was held in the Medical and Surgical Theatre on Thursday, October 24th, at 8.30 p.m., the President, Mr. Hutchinson, in the chair. Sir Leonard Rogers delivered the Inaugural Address on "Climate and Disease: Forecasting Epidemics in Connection with Smallpox, Cholera and Plague."

Variations in the incidence of infectious diseases have always aroused medical interest. The influence of climate has been difficult to study owing to the lack of accurate data. India, however, possesses vital statistics on a uniform basis, extending over many decades, and meteorological records of the remarkable variations in rainfall and humidity, which occur in different portions of the country. After three years' study of the sixty years' literature, the lecturer was able to define to some extent the relationship between the incidence of disease and variations in climate. The first subject studied on these lines was leprosy, and from the beginning the Indian *Atlas of Meteorology* was invaluable. The incidence of leprosy with its special distribution in India was found to be explained by a comparison with the rainfall, for the high leprosy rates occurred in the high rainfall areas. Of more interest in England was tuberculosis—a disease which presents many points of resemblance to leprosy. In this case the key was exposure to rain-bearing currents. This bore out the teaching of Dr. Gordon, of Exeter, that those places protected from the humid rainy winds by the contour of the hills had far lower tubercle rates than those exposed to them. In spite of this many English sanatoria have been placed facing rainy winds! Pneumonia has a well-defined seasonal incidence in the four coldest months, and in this case it is the dry atmosphere which favours the disease.

In the case of smallpox no relationship could be traced between the mean monthly temperature or the relative humidity, and the incidence. The absolute humidity curves, however, gave the key. Deficient monsoon rain with the relatively low absolute humidity for the monsoon season is liable to be followed by smallpox. The meteorological reports in this country show a similar association, the most widespread epidemics following closely on a low absolute humidity. The value of forecasts based on these observations is, however, more reliable in extensive countries such as India, where the rainy seasons are definite.

The last and most important disease dealt with was cholera. The lecturer discussed the original theories of Cornish and Bryden, and showed how he had reached the conclusion that cholera was endemic in certain areas and only epidemic in others, the main factors that produce epidemics being a previous deficient rainfall, a favourable absolute humidity, and the occurrence of large pilgrimages. This last point is of great importance, for although much attention is now paid to the sanitation of the Hardwar and the Allahabad Kumbh fairs, the main cause of the epidemics is the passage of the pilgrims through the endemic areas when meteorological conditions are favourable to the spread of the disease. It is only by understanding the factors and by dealing with them that progress can be made against the great scourge of cholera. The lecture was illustrated by lantern-slides.

The vote of thanks was proposed by Dr. Hamill and seconded by Mr. W. R. Bett.

The Society held a clinical evening in the Abernethian Room on Thursday, November 14th, at 5.30 p.m., the President, Mr. A. P. M. Page, in the chair. The minutes of the previous meeting were read and signed. Mr. R. E. M. Fawcett showed a case of bronzed diabetes (hæmochromatosis) for alternative diagnosis and treatment, and Mr. J. M. Jackson showed a case of intestinal parasites (*Tania saginata*) for advice as to treatment. A lively discussion followed each case, in which there joined Messrs. Matheson, Raven, Darke, Hayward, Coltart, Buckland, Masina, MacVine, Franklin and Bett.

STUDENTS' UNION.

RUGBY FOOTBALL CLUB.

We extend our hearty congratulations from all members of the Rugby Club to R. N. Williams on his selection to play for the colours pack in the English Rugby Trials at Northampton.

Also to J. T. C. Taylor on being chosen as a reserve in the second English Trial to be held at Gloucester on December 21st.

The 1st XV, after giving the London Welsh such a fine struggle,

have been showing varied form. In losing to the Devonport Services and Moseley they were certainly surprised, if not unlucky.

There will have to be an improvement in present form if the Hospital Cup is going to return to its rightful owners. J. M. J.

1ST XV RESULTS.

November 23rd: v. London Welsh, home; lost 0—8.
 November 30th: v. Devonport Services, away; lost, 3—14.
 December 2nd: v. R.N.E.C. (Keyham), away; won, 20—0.
 December 7th: v. Bath, away; scratched, ground unfit.
 December 11th: v. R.M.A. (Woolwich), home; won, 23—6.
 December 14th: v. Moseley, home; lost, 6—8.

ST. BARTHOLOMEW'S HOSPITAL RUGBY FOOTBALL CLUB: SEASON 1929—30.

Team Record up to and including December 14th, 1929.

	Played.	Won.	Drawn.	Lost.	Points.	
					For.	Against.
1st XV	13	5	1	7	112	121
"A" XV	12	10	1	1	231	70
Extra "A" XV	12	8	1	3	174	125
"B" XV	11	6	..	5	212	81
"C" XV	9	5	..	4	146	87
Extra "C" XV	8	5	..	3	96	72
"D" XV	3	1	1	1	32	18
Total	68	40	4	24	1003	574

ST. BARTHOLOMEW'S HOSPITAL v. LONDON WELSH. (From Daily Telegraph.)

Result: Bart.'s, 0; London Welsh, 8.

November 23rd, at Winchmore Hill.

London Welsh are still unbeaten, but St. Bartholomew's Hospital gave them a desperate struggle at Winchmore Hill before it was all over. In the end the margin in favour of the Welsh was a goal and a try (8 points) to nil.

It was a wonderful game—a better will not be seen in London this season. And this in spite of the fact that heavy rain just before the beginning and during the early stages of the match made the ground into a marsh, and seemed certain to reduce the affair to a mere scramble in the mud. But far from it.

There were deeds in this match that would not have disgraced sides with much "bigger" names playing under perfect conditions. For sheer intensity of purpose from start to end we have seen nothing to equal this encounter for a long, long time. Except at inside half-back the superiority of the Welsh backs was the deciding factor. There was no comparison between Ralph, John Roberts and Arthur Jones and the men on the other side. Ralph is not far removed from being the best outside half-back playing to-day. Into his stride like a flash, Ralph has all the attributes that go to make the international—speed, remarkably safe hands, a long kick, and best of all, the eye for an opening.

Roberts put in some great work in defence, with an occasional burst that was full of venom to Bart.'s—from one of these the second try was obtained. And A. H. Jones revealed in all he did the coming of another player of genius. This boy—he is little more—will be heard much of later on.

What of Powell? The famous Welshman is not the player he was even a season ago. It is true he did not have the best of service from the scrums, but only on rare occasions did he give Ralph a pass to admire, and he showed up appreciably towards the end.

His opposite number—Taylor—was a lot too quick for Powell, and his many daring raids into enemy's country were always fraught with danger for the Welsh. Had Ralph had Taylor as his partner it is impossible to say to what heights the former might have risen.

The struggle between the forwards was something to remember. Bart.'s pack compares with any in London—there are no backsliders. With Lewis, Robertson and Jackson in the front row, Capper a very great forward, and Williams in the middle, and the Jenkins brothers and Thompson at the back, it is well balanced and an altogether smoothly-working machine. Every one of them fought like heroes; that the men behind them were so poor was their misfortune.

Although beaten for possession in the tight, the Welsh made up for it by their dashing work in the open. It was truly magnificent, though even here they were not masters of Bart.'s. They just held their own. R. Jones, Evans, Morris and Thomas were always ring-leaders. Baverstock threw away one try because he was tying a bootlace when the ball came his way.

For all but one minute of the first half the relentless struggle in

the mud went on, and nothing had been scored. The Welsh then won a scrum on the line, and as it half broke up Powell dived over for a try.

The referee had no hesitation in awarding it, but the point might be raised as to whether Powell did not place himself off-side in touching his own forwards as he went through.

Evans could not convert.

The Welsh seemed to have assumed some supremacy after the interval, and within six minutes Roberts burst through after a Bart.'s miskick and sent H. H. Jones in with a clear run.

This time Evans converted.

From then until the end Bart.'s forwards fought an unavailing fight. Once or twice these loose rushes nearly achieved their purpose. On the other hand, the Welsh backs several times went close to the line without getting over.

A truly great game.

Team: T. J. Ryan (back); G. F. Petty, T. E. Burrows, C. B. Prowse, J. D. Powell (three-quarters); F. J. Beilby, J. T. C. Taylor (halves); C. R. Jenkins, V. C. Thompson, H. D. Robertson, W. M. Capper, R. N. Williams, J. M. Jackson, J. R. Jenkins, B. S. Lewis (forwards).

ST. BARTHOLOMEW'S HOSPITAL v. DEVONPORT SERVICES.

Result: Bart.'s, 3; Devonport Services, 14.

November 30th, at Devonport.

Capper kicked off for Bart.'s, the start having been delayed a quarter of an hour owing to our late arrival. From a drop-out the Services took up the attack and Hinde cut out a neat opening for Knapman to carry play into the Bart.'s, "25."

Petty provided a thrill a moment later by breaking away on the wing and racing up to the home line, but when he punted ahead Gosling was able to touch down. The Services had slightly the better of the scrummages in the first half; the Hospital forwards seemed to be feeling the effect of the long train journey and the late lunch. It was not till the second half that the Bart.'s pack got together and began to get their share of the ball in the tight. The Bart.'s backs showed quite good form at times and were unlucky not to score on more than one occasion.

Taylor played well, but his opposing number kept him fully occupied.

Laird scored the Services' opening try after a spectacular run; five minutes later the Services increased their lead when Wood scored an unconverted try. Bart.'s then made a determined effort to reduce the lead, but were unsuccessful.

Soon after half-time the Services again attacked and Home broke away; beating Ryan, he touched down under the posts. Knapman converted.

Bart.'s again attacked, and Petty, after a delightful movement, raced down the wing to score the most spectacular try of the match. Capper's kick just failed. Pressure was again exerted on the home defence, and Bart.'s had another fine chance of scoring when Burrows cut through, but a forward pass brought the movement to an end. Just before "no side" a smart follow-up of a long kick by Gosling caught Ryan napping, and the ball went over the Hospital line for Dumbleton to dash up and touch down. Knapman's kick was a trifle wide.

Team: T. J. Ryan (back); G. F. Petty, T. E. Burrows, C. B. Prowse, J. D. Powell (three-quarters); F. J. Beilby, J. T. C. Taylor (halves); C. R. Jenkins, V. C. Thompson, H. D. Robertson, R. N. Williams, W. M. Capper, J. M. Jackson, J. R. Jenkins, B. S. Lewis (forwards).

ST. BARTHOLOMEW'S HOSPITAL v. R.N.E.C. (KEYHAM).

Result: Bart.'s, 20; R.N.E.C., 0.

December 2nd, at Devonport.

R. M. Kirkwood and A. T. Blair came into the side, T. E. Burrows and J. R. Jenkins standing down. Bart.'s showed much better form than against the Services; the ground was like a quagmire, but despite this the Hospital backs managed to handle the greasy ball with a great deal of accuracy.

Petty opened the scoring after a clever round of passing, the kick failing.

The College managed to hold the Hospital attack, and on several occasions went near to scoring, but faulty handling near the line spoilt their chances.

Gosling, the College full-back, was the outstanding player on the field, and but for his resolute tackling and fine touch-finding the score might have been very much greater.

Capper kicked a penalty goal for Bart.'s, and this ended the scoring of the first half.

In the second half the College defence slackened somewhat, and Taylor, Burrows, Petty and Lewis all added tries, Capper converting one.

The home side never looked so dangerous as in the first half, and although their forwards played well they were unable to turn the game; they were inclined to kick too far ahead.

The Bart.'s pack played better than against the Services, and their work in the open was especially creditable.

Team: T. J. Ryan (*back*); G. F. Petty, R. M. Kirkwood, C. B. Prowse, J. D. Powell (*three-quarters*); F. J. Beilby, J. T. C. Taylor (*halves*); C. R. Jenkins, V. C. Thompson, H. J. Robertson, W. M. Capper, R. N. Williams, J. M. Jackson, B. S. Lewis, A. T. Blair (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL v. R.M.A. (WOOLWICH).

Result: Bart.'s, 23; R.M.A., 6.

December 11th, at Winchmore Hill.

Bart.'s were without V. C. Thompson and C. B. Prowse, J. A. Nunn and D. W. Moynagh filling the vacancies.

The first half was well contested, and it looked as if the Hospital would have to fight hard to win.

The visitors' defence soon slackened and we were able to score fairly frequently.

Our forwards did not play as well as they might, but managed to get the ball a good deal in the tight. The chief fault lay in the ball not being heeled properly in the loose, and if our forwards had let Taylor have more of the ball the score might have been very much greater.

The Woolwich backs were dangerous at times, but found the Bart.'s defence too sound.

Many passing movements on both sides were spoilt by the terrific wind blowing across the pitch. The game was a disappointing one.

Team: T. J. Ryan (*back*); G. F. Petty, J. A. Nunn, R. M. Kirkwood, J. D. Powell (*three-quarters*); F. J. Beilby, J. T. C. Taylor (*halves*); C. R. Jenkins, H. D. Robertson, W. M. Capper, R. N. Williams, J. M. Jackson, J. R. Jenkins, B. S. Lewis, D. W. Moynagh (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL v. MOSELEY.

Result: Bart.'s, 6; Moseley, 8.

December 14th, at Winchmore Hill.

Bart.'s were without W. M. Capper and C. B. Prowse. A. T. Blair and J. A. Nunn came into the side to fill the vacancies. The ground was in excellent condition and a close game was anticipated.

Bart.'s scored an early try, Kirkwood getting over near the corner flag after a good effort by C. R. Jenkins.

The first half was very evenly contested. Bart.'s did most of the attacking. In the tight scrummages the Hospital pack found themselves up against a really strong opposition, and the heavier Moseley pack pushed our forwards off the ball time and again. In the loose our forwards were always upon the ball, but the heeling was very slow, and Taylor, with all his skill, found it difficult to get the ball away to Beilby.

The Hospital backs played splendidly, and were unlucky not to have got over the visitors' line on several occasions.

Moseley had two enterprising wing three-quarters in E. M. Barlow and H. K. Easton, the later scoring the visitors' opening try, which Foulds converted.

R. N. Williams scored the Hospital's second try after a good run by Thompson; the kick was disallowed.

Moseley soon afterwards drew further ahead through Monoham, who scored an unconverted try. From now onwards to the end Bart.'s exerted terrific pressure on the home line and were within an ace of scoring, but faulty handling and passing lost them the game, and so Moseley managed to keep their lead and thus revenge their previous defeat.

Team: T. J. Ryan (*back*); G. F. Petty, J. A. Nunn, R. M. Kirkwood, J. D. Powell (*three-quarters*); F. J. Beilby, J. T. C. Taylor (*halves*); C. R. Jenkins, V. C. Thompson, H. D. Robertson, R. N. Williams, J. M. Jackson, J. R. Jenkins, B. S. Lewis, A. T. Blair (*forwards*).

ASSOCIATION FOOTBALL CLUB.

The Association Football Club has completed the first term of this season with the following record: Played 9, won 4, lost 4, drawn 1. This is not a discouraging record when the unusually large number of absentees through illness and injury is considered. Next term we hope to have our captain, C. A. Keane, back again, and as the team's personnel is now fairly definitely settled, our hopes of winning the Inter-Hospital Cup must be considered distinctly good.

On November 23rd we met University College—probably the best team we have played this term—and it was encouraging to defeat them by 3—2, after a very closely fought struggle. Features of this game were the cohesion, understanding and dash of the forward line, and the excellent display in goal of R. L. Wenger.

Fortune favoured our opponents in another very close game on November 30th, when we played Selwyn College at Cambridge. Selwyn led by 2 goals to *nil* early in the game, but we fought back and made the score 2—2. Selwyn scored again, however, in the last few minutes, so that we were compelled to admit defeat after a very enjoyable game.

December 7th found us at Winchmore Hill matched against Selwyn College "on tour." The ground was in an extremely muddy condition, which made good play practically impossible, but, as in the previous match, there was a very close struggle. Until a late period in the game we led 2—1, but Selwyn scored the equalizer and we finished up with honours even. In both these Selwyn games H. J. Roache was the outstanding player of the Bart.'s side, his soundness in defence being invaluable.

Results.

November 23rd: 1st XI v. University College, away; won, 3—2.

November 30th: 1st XI v. Selwyn College, Cambridge, away; lost, 2—3.

December 7th: 1st XI v. Selwyn College, Cambridge, home; draw, 2—2.

REVIEWS.

THE INTERNAL SECRETIONS OF THE OVARY. By A. S. PARKES, M.A.(Cantab.), Ph.D.(Manch.), D.Sc.(Lond.). (London: Longmans, Green & Co., 1929.) Pp. 242. Illustrated. Price 21s. net.

The present time is most opportune for correlating the facts connected with the internal secretions of the ovary, and for that reason this book is of great value. The section dealing with the morphology of the oestrous cycle is excellent, but the author has confined himself to those species which have been studied in detail. The rôle of the ovary as an organ of internal secretion is discussed fully. The author believes that at least two ovarian hormones may be said to exist, and eventually three will be demonstrated, as originally suggested by Marshall. On the other hand, Frank has prepared oestrous-producing hormones from ovaries, placenta and corpora lutea, and believes that only one ovarian hormone is present.

To the clinician the section dealing with the oestrous-producing hormone is all-important, and the history of the preparation of this substance makes fascinating reading. The chemical properties and methods of administration of oestrin are fully described. Arising from the latter, it is worthy of record that amounts of oestrin, known to be active by other routes of administration, are inactive orally. It is hoped that the oral administration of this substance will be abandoned and also the oral administration of the many inactive preparations on the market will cease; for such methods cannot fail to bring ovarian organo-therapy into disrepute.

The identification of oestrin has advanced greatly following the discovery of Stockard and Papanicolaou that the vaginal changes in the rodent could be used to determine the oestrous cycle in the intact animal. The wide distribution of oestrin is discussed at length, and the isolation of this substance from testes, male urine and plants such as willow catkins seems to arouse little concern. It must be realized that the oestrous-producing hormone has been found in so many situations where it could not possibly have been elaborated that its discovery at any particular site affords no evidence of its origin there. As regards the function of oestrin, up to date, clinical

research has not advanced greatly owing to the difficulty of administering adequate amounts of oily extracts; this, however, should be remedied with the introduction of water-soluble preparations.

The exact relationship between the anterior pituitary and the ovary is still not clear, but there seems little doubt that the former plays some part in regulating the normal ovarian cycle.

The rôle of the corpus luteum is well described, and it is apparent that four functions may be attributed:

- (1) Inhibition of ovulation and oestrous changes in accessory organs.
- (2) Sensitization of the uterus for implantation of fertilized ova.
- (3) Certain mammary changes.
- (4) The maintenance of pregnancy.

The final chapter makes clear the importance of hormonal stimuli in the initiation of labour.

The illustrations are of a high standard and the bibliography is complete, there being 661 references. We have every confidence in recommending this book to students of problems connected with the female generative system.

STARLING'S PRINCIPLES OF HUMAN PHYSIOLOGY. Fifth edition. Revised by C. LOVATT EVANS. (London: J. & A. Churchill, 1930.) Pp. 1039 + xv. Illustrated. Price 21s. net.

Before Starling's untimely death in Jamaica in May, 1927, the fourth edition of his famous book had been published. Starling was in the forefront of physiologists both as an experimenter and a teacher. This latter quality is retained in his *Principles of Human Physiology*, the story of the former being preserved in his published papers. He was a man greatly beloved by his pupils, and the task of revising the book for the present edition must have been no mean one.

Prof. Lovatt Evans has undertaken this at Starling's expressed wish, and the result of his labours is now before us. As it is five years since the last edition was published progress along various lines of knowledge has occurred, so that a great deal of revision has become necessary.

The book has been somewhat reduced in size by omitting old figures and by abbreviations in style. Some parts have, however, been almost entirely recast. Prof. Hartridge has done this in the case of the central nervous system, with which he has placed some portions previously presented in the special senses chapters. Some people may consider that this part of physiology really requires a separate volume, and that it should be written by one who is primarily a neurologist, or perhaps even a clinical neurologist. Prof. Hartridge, however, has his own methods of teaching, and with the aid of new illustrations he has been able to make this most difficult part of physiology intelligible. He undertook a hard task, but his completion of it is a real asset to the book in its present form.

For the revision of the remainder of the book we have to thank Prof. Evans, who now holds Starling's chair. He has faithfully carried on the great tradition. The portion dealing with the heart, which was Starling's special domain (his *Law of the Heart* is one of the texts of physiology) remains a monument to its founder. Our knowledge of metabolism is still mediocre, but the recent advances made by the Hampstead workers as to that of carbohydrate bring this part of the subject to our present state of learning. The position of that relating to fat and protein is still even less satisfactory, but it is to be hoped that before the next edition appears some of the omissions will be able to be filled. Reference is made to the belief of Maclean that the chlorine ions of the stomach contents are a constant secretion. Sulphur metabolism is still largely an untravelled path, but perhaps mention might have been made of Hele's painstaking work in this subject.

The view that the pulmonary epithelium plays a purely passive part in the interchange of gases between the alveoli and blood is accepted. Does this mean the end of the controversy between the Oxford and Cambridge schools of thought? This portion dealing with respiration shows the reviser's hand in many places. The final chapter on reproduction has been much altered, and due reference is made to Shaw's notable work on this subject. All the remaining parts have been thoroughly revised.

That this volume will continue to be the leading text-book of human physiology is assured. Prof. Evans is to be congratulated on the manner in which he has carried on Starling's work. It seems as if the mantle of the founder has passed to him. That the book will still pursue its successful course is the earnest wish of the reviewer. The production, as would be expected from Messrs. Churchill, leaves nothing to be desired.

THE ESSENTIALS OF CHEMICAL PHYSIOLOGY. Twelfth edition. By W. D. HALLIBURTON, J. A. HEWITT and W. ROBSON. (London: Longmans, Green & Co., 1929.) Pp. 383 + xii. Price 9s. net.

This is a new edition of this well-known book. It was first published in 1893, but the last edition was brought out seven years ago. In this present one the general scheme of the book as a practical guide to chemical physiology is unchanged. It has been brought up to date, and many detailed additions can be noted. Among these are accounts of Hopkins's work on glutathione, Hill's work on blood-pigments, Hagedorn and Jensen's method of blood-sugar estimation, and the action of insulin. No reference is made, however, to the action of insulin on the blood-phosphate, and the metabolism of phosphates is not well presented.

The book, however, maintains its former high standard, and will undoubtedly be continued to be used as a text-book for practical work in the subject. As in previous editions, the production is excellent.

AN INTRODUCTION TO THE STUDY OF THE NERVOUS SYSTEM. By E. E. HEWER, B.Sc., and G. M. SANDES, M.B., B.S. (London: William Heinemann [Medical Books], Ltd., 1929.) Illustrated. Price 21s. net.

This book, if for nothing else, is remarkable for the kaleidoscopic brilliance of the diagrams it contains. The authors are careful to title the book "An Introduction to the Study of the Nervous System," and in their preface express apology for a certain amount of dogmatism. An introduction it may be, and full of dogmatisms it is. In 100 pages they attempt to condense the anatomy, the physiology, some pathology of the nervous system and even some historical facts. It is astonishing how well it has been condensed. For students we hesitate to recommend it mainly on account of its dogmatisms, its reduction of the nervous system to the level of an electrician's plan for the wiring of a large building, and its unattractiveness to a lover of the English language.

SEX AND DISEASE: A SCIENTIFIC CONTRIBUTION TO SEX EDUCATION AND THE CONTROL OF VENEREAL DISEASE. By ROBERT V. STORER, M.R.C.S.(Eng.), L.R.C.P.(Lond.). With Introduction by Col. J. S. PURDY. (Revised Popular Edition of *Venerical Diseases: Their Nature, Prevention and Treatment*.) (Sydney, Australia: Butterworth & Co., Ltd., 1929.) Pp. 131. Price 8s. 6d.

A work ambitiously described as "containing information for Medical Practitioners, Parents, Social Workers, Teachers, Students, Chemists, Patients, and all Young Men," should be written in language of studied restraint and compromising discretion. The lay public will as readily appreciate the author's frank and simple style as medical readers will deprecate his uncontrolled sentimentality. The price of the book is as prohibitive as its general make-up is discouraging. Apart from an exuberant optimism concerning the cure of gonorrhoea and syphilis, the author's views of prevention and treatment are sound and practical. Though the obstinate spelling of "Littre" jars a critical eye, the book may be helpful to many.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

- BARNES, E. BROUGHTON, F.R.C.S.(Ed.) (and GIMBLETT, C. L., M.D., F.R.C.S.). "Gradenigo's Syndrome followed by Complete Recovery." *British Medical Journal*, December 14th, 1929.
- BARRIS, J. D., F.R.C.P., F.R.C.S., and DONALDSON, M., F.R.C.S. "Radiological Work in the Gynaecological Department, St. Bartholomew's Hospital." *Acta Radiologica*, vol. x, fasc. 4, October, 1929.
- BOYLE, H. EDMUND G., O.B.E., M.R.C.S., L.R.C.P. "Gas-oxygen in Midwifery." *British Medical Journal*, December 7th, 1929.
- CANTI, R. G., M.D. "Biological Effects of Radium Irradiation." *Acta Radiologica*, vol. x, fasc. 4, October, 1929.
- CAPPS, F. C. W., F.R.C.S. "Swelling of Left Arytenoid and Fixation of Vocal Cord: for Diagnosis." *Proceedings of the Royal Society of Medicine*, October, 1929.
- CARSON, H. W., F.R.C.S. "The Rôle of the Practitioner in Acute Surgical Abdominal Disorders." *Practitioner*, December, 1929.
- CHANDLER, F. G., M.A., M.D., F.R.C.P. "Puncture of the Chest: Its Occasions and Technique." *Lancet*, November 23rd, 1929.

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EXAMINATIONS, ETC.

University of Oxford.

The following degree has been conferred:
B.M.—Duncan, C. M.

University of Cambridge.

The following degree has been conferred:
M.D.—Stewart, J. D. M.

University of London.

Third (M.B., B.S.) Examination for Medical Degrees, November, 1929.
Pass.—Boyd, A. M., Dalzell, P., East, C. J., Evans, M. J., Everett, A. D., Griffiths, T. R., Tait, C. B. V., Wise, C. S.

Supplementary Pass List.

Group I.—Clark, A., Dale, C. H., Harris, R. L. H., Pope, E. S., Riley, A. C.

Group II.—Baker, E. F. D., Bennett, R. C., Edwards, F. A., Hartley, K. W. D., Price, R. K.

Royal College of Surgeons.

The Diploma of Fellow has been conferred on the following:
Beattie, W. J. H. M., Dannatt, R. M., Dawson, J., Forty, F., Greenwood, W. P., Joshi, M. S. K., Laurence, N. E., Mason, A. J., Modi, M. V., Norrish, R. E., Peiris, M. V. P., Row, A. W. L., Russell, S. F., Smith, J. O., Underwood, W. E.

The following were successful at the examination held for the Primary Fellowship:

Beattie, D. A., Hogg, J. C., Ishmael, D. T., Snell, V. C., Williams, A. C., Williams, H. M.

CHANGES OF ADDRESS.

BOYLE, H. E. G., 13, Queen Anne Street, W. 1. (Tel. Langham 1586.)
BROWNE, Surg.-Cmdr. E. M., R.N., H.M.S. "Malaya," Atlantic Fleet.

CLAXTON, E. E., c/o Lloyds Bank, 44-5, Aldersgate Street, E.C. 1.
CUMBERBATCH, E. P., 18, Manchester Square, W. 1. (Tel. Welbeck 3036 and Ealing 0623.)

SEDDON, H. J., Department of Surgery, University Hospital, Ann Arbor, Michigan, U.S.A.

APPOINTMENTS.

HENSMAN, J. STUART, M.R.C.S., L.R.C.P., appointed House Physician to the Hospital for Sick Children, Great Ormond Street, W.C. 1.

ROTH, E. J. H., M.R.C.S., L.R.C.P., D.M.R.E.(Cantab.), appointed Radiologist to St. Peter's Hospital for Stone, London.

BIRTHS.

BRIDGEMAN.—On December 3rd, 1929, at 17, Egerton Gardens, to Alice, wife of Cmdr. Paul Bridgeman—a son.

GARNHAM.—On December 4th, 1929, to Esther (née Long Price), wife of Dr. P. C. C. Garnham—a daughter (Cicely Mary).

ROXBURGH.—On November 26th, 1929, at 5, Redington Road, Hampstead, the wife of A. C. Roxburgh, M.D., F.R.C.P., of a son.

MARRIAGES.

WALSH—JACKS.—On November 16th, 1929, at St. Mary's, West Kensington, Robert Arthur, son of Mr. and Mrs. R. W. Walsh, of Kensington, to Marian, youngest daughter of Mr. and the late Mrs. T. W. M. Jacks, formerly of Glasgow.

WHITEHURST—MACDONALD.—On December 14th, 1929, at Holy Trinity Church, Northwood, by the Rev. Cecil Walker, M.A., Vicar, Dr. T. H. Neville Whitehurst, only son of Mr. and Mrs. G. H. Whitehurst, Chiltern, Northwood, to Jessie, elder daughter of Mr. and Mrs. Donald Macdonald, The Pines, Northwood.

DEATHS.

CUMMING.—On December 7th, 1929, suddenly, George William Hamilton Cumming, M.D., of "Overton," Torquay.

CURGENVEN.—On November 25th, 1929, suddenly, at Granthams, Chiddingfold, Surrey, John Sadler Curgenven, late of 12, Craven Hill Gardens, London, aged 66.

WOOD.—On December 2nd, 1929, John Forrester Wood, F.R.C.S. (Eng.), of Beaver Grove, Bettws-y-Coed (late of Southport), aged 62.

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All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.

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